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# Montana State Board of Health

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8 - TUBERCULOSIS  
Special Bulletin  
NUMBER THREE



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Red Cross Christmas Seals Save Lives

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"Every Seal You Buy is a Bullet in the Fight  
Against Tuberculosis. It Helps Protect  
Your Country, Your Neighbor, Your  
Family and Yourself From the  
Disease and Its Cost."

### RED CROSS SEALS.

The State Nurses' Association has charge of the sale of red cross seals in the State of Montana for this season. With the money obtained from the sale of these seals they expect to employ one or more visiting tuberculosis nurses.

The State law requires that cases of tuberculosis be reported to the Department of Health. This is important from the standpoint of statistics, but at the present time the State Board of Health can do no follow up work in these cases on account of the fact that there are no funds for that purpose. We believe that every case of tuberculosis reported to the Health Department should be investigated, and some instruction be given to the patients as to how best to live to effect a cure and the precautions necessary to be taken to protect other members of the family and neighbors, and the trained and tactful nurse is the person most competent to impart this instruction.

We ask you to read what the red cross seals have done in the State of North Carolina.

## WHAT RED CROSS SEALS HAVE DONE IN NORTH CAROLINA—HELPED PAY THE SALARY OF TWENTY-TWO VISITING NURSES.

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“The most important thing that Red Cross Seals have done in the past year,” said Dr. L. R. McBrayer, Executive Secretary of the State Red Cross Seal Commission, North Carolina, “is to pay in part or in full the salary of twenty-two whole time visiting nurses. It is impossible,” said he, “to calculate the amount of good done by these nurses in alleviating the suffering of those who have been unable to employ a nurse and to provide for themselves the ordinary necessities of life. This nursing, however, has not been confined to those suffering with tuberculosis altogether, but wherever the suffering was found uncared for, there was this angel of mercy with her tender, helpful ministrations. Like the lowly Nazarene, they teach as they go—teach people how to keep from getting sick, how to keep from spreading disease to others in their family and elsewhere. In this way every person in North Carolina becomes debtor to these visiting nurses.

“The Red Cross seals have sent patients to the State Sanatorium, where they were restored to health and returned home to care for themselves and their families, becoming thus an economic asset to the State instead of a total loss with added expense. The Red Cross seals have also been the means of carrying lectures and exhibits to people who would not otherwise have had this privilege, and of carrying food to tubercular patients who have no money to spend for food.

“These are only a few examples” continued Dr. L. B. McBrayer, “of what Red Cross Seals have done in our State. We feel that they are going to do far more along this line of work next year. They will soon be put on sale and should be offered for sale at every cross roads and village, at every post office and every school in the State.”

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This Bulletin, with other literature, will be sent to all the clergymen in the State, in order that they may be the better able to respond to the request of the National Association for the Study and Prevention of Tuberculosis to devote one Sunday to the question of tuberculosis.

## THE TUBERCULOSIS NURSE.

(By Miss M. Hughes)

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The great war, cruel and bloody, which is being waged in Europe, appalls us with the sacrifices of human life, the maiming and wrecking of men, the anguish and suffering of women and little children. Our hearts are wrung with grief, our brains whirl with the horrors and magnitude of the conflict. Even the efforts and influence of our great nation could not stay this mighty conflict. Is it any wonder then we feel the hopelessness and helplessness of effort by our puny individual hands? Yet our hearts cry out the prayer, "God help us to alleviate what suffering we may."

It is laudable and wholesome that our sympathy thus goes out in love for our fellow men and a desire to help them. Noble impulses should not be stifled. But we can do so little to help bleeding Europe—then let us find solace in home duties. There is a great work to be done in our own State. Montana needs us, our love, our help and our most conscientious effort in the fight against tuberculosis. This enemy is so stealthy and insidious it is entrenching itself in our midst, while the people of the State sit in self-satisfied repose saying: "Oh, we don't have much consumption in Montana." They are repeating a time worn phrase, which once could be said with truth, but not today.

One in each ten deaths in Montana is from tuberculosis. That is the percentage of the country at large, resulting in a death rate of 150,000 in the United States each year.

Each advanced case in Montana means loss of earning power, extra expense to family and community, breaking up of homes, more widows and orphans and new victims of the disease, because not less than five infections result from each old case. And it respects neither age, sex, race nor station. In 1912 it claimed a toll of 472 victims from our sparse population. In 1913 another 385 were wrenched from their homes and loved ones by this grim monster leaving in many cases, beside the sorrow and blank loneliness, poverty and infection as well.

Do not let us sit about depressed and dejected because we cannot relieve distress and suffering in Europe, when we have this deadly enemy stealing into the homes of the



people at our very doors, wrecking those homes, sending the children with weakened bodies to our orphanages, driving the mothers from home duties to become wage earners, and striking down our strong men in the prime of life.

Tuberculosis is a preventable disease.

Tuberculosis is a curable disease.

Then let us each one enter upon a war against this enemy. A war not to kill, but to save life, not to maim, and

wound, but to build up a strong and healthy race, a war of preservation and reconstruction.

Each physician, nurse, minister, teacher and lay citizen can help in this humane work.

The field of the physician is so broad and full of wonderful possibilities and opportunities we cannot more than touch on it, and that but on two points. First, early diagnosis; second, registration of cases. Dr. C. S. Prest of New York State, gives an interesting account of his experience in this line as follows: "Probably one of the greatest difficulties today in the work against this disease is that not one case in ten is recognized

early enough to be of much service. \* \* \*

"I asked several physicians of my acquaintance who doubted the prevalence of the disease to try the simple method of looking for tuberculosis in every patient who came to them to be examined for any cause, and I offered to assist them in checking up the results. Several adopted the plan and ere long specimens of sputum began to pour in as never before. \* \* \* So that now many more cases are on record than were thought possible a few years ago."



### Send Her As YOUR Messenger

**T**HROUGH her, you can do much—  
with Red Cross Christmas Seals.

She goes into the homes of the unfortunate in your community and helps conquer Tuberculosis. Every Red Cross Christmas Seal you buy helps to save the sick and to prevent infection.

### Use RED CROSS CHRISTMAS SEALS

on everything you mail or wrap.

If you cannot get Red Cross Christmas Seals in your town, write to the AMERICAN RED CROSS, Washington, D. C., for as many as you want at 1c each.

"You will not find the early ones in this way at first, but you will be surprised at the cases that you do find. Many will be only moderately advanced, and by looking up those with whom they live and work and spend their leisure, other advanced and some early cases will be found."

"I would like to see this plan tried out everywhere. I believe it would result in the early detection of many cases that now go on and on to disability and death, with no attempt being made to determine the true condition of affairs. \* \* \*"

"Here is where the work of the visiting nurse is of such value. She can visit the patient in his home and correct conditions there. The physician cannot. It is not his sphere, but a tactful visiting nurse is of the greatest assistance to the physician, the patient and the family."

The State Association of Graduate Nurses are pushing the sale of the Red Cross Christmas seals in an effort to raise a fund sufficiently large to enable them to put tuberculosis visiting nurses in the field where most needed. Probably in Butte.



## His Fight is YOUR Fight

By caring for this man in a Tuberculosis hospital *you* are protected from the infection that endangers your health, and your neighbor's. There are thousands like him who need this chance to be cured.

Society is winning the war against Tuberculosis. Do your part to hasten complete victory.

You help maintain hospitals, dispensaries and visiting nurses for needy tuberculosis patients when you purchase

## RED CROSS Christmas Seals

If you cannot buy Red Cross Seals in your town, write to the AMERICAN RED CROSS, Washington, D. C., for as many as you want at one cent each.

Buy the seals and assist the nurses to send efficient instruction and skilled care into the homes where tuberculosis is found. The seals will be distributed by local nurses and handled by merchants, druggists, woman's clubs, church fairs, and by school children. Should you fail to secure them from a local agency, send to State Agent, Red Cross Seals, Box 928, Helena, Montana.

Many patients prefer sanatorium treatment, but the disease has increased more rapidly than has the capacity of our State Tuberculosis Sanatorium. We have not adequate space for our patients who should have hospital care. As our fight against tuberculosis becomes better organized we must have sufficient accommodations in our institutions to segregate the incipient from the advanced cases, and to receive the incipient cases before they become advanced, and the advanced before they are claimed by death **while still on the waiting list.**

Our State Sanatorium must be enlarged, and supplemented by county institutions where most needed, that our incipient cases may not become incurable because they cannot be admitted to the sanatorium in time. Our advanced cases must not die while still on the waiting list.

It is the duty of the State to care for the afflicted and protect the well. But are you not a unit of the State? Then you have a duty in this matter. Your duty is to protect yourself and to protect your family. To do this effectually join in the fight to control tuberculosis in Montana.

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### COLONIZATION.

November 30, 1915.

Dr. Wm. F. Cogswell,  
Helena, Montana.

My Dear Doctor:

In compliance with your suggestion I will write you a rather brief resume upon the subject of "colonization" in the treatment and care of tuberculosis.

When I returned to Montana in 1906 I became very much interested in the question of tuberculosis which was evidently quite prevalent in Butte. Many of my old friends among the miners came to me, complaining of miner's consumption, which they insisted was different from the ordi-



nary tuberculosis of the lung. Dr. Kistler, who came with me, aided me then in a more or less extended examination of these cases, and we invariably found that there existed a peri-bronchial thickening of the lung, plus an involvement by the tubercle bacillus; in other words, we had a distinct fig-roid consumption. Many of these men had families and were still able to do a reasonable amount of work, yet to advise them to continue their work as miners meant to give them advice which would certainly shorten their lives; to advise them to give up all work in the mine meant to rob them of the only means of support most of them had.

It was while working upon this problem and thinking of these conditions that it occurred to me that the Miners Union of Butte should take up the matter, and by setting aside a fund equivalent to a dollar for each man in the mine each month, this would in the course of a year or two develop a capital which would nicely take care of a number of men in a colonization project. The object of colonization was to give them a home, a small piece of ground, and a means of livelihood which would not necessitate hard work, but would keep them in the healthful out of doors.

After carefully considering the entire matter I determined to bring it to the attention of the President and several of the prominent members of the Union. This I did, only to find, however, that either the local situation as regards the tuberculosis individual was not appreciated or that the feasibility of the thing was not quite grasped. On this account I had to drop all effort in this direction. In recent times I have, however, spoken to several of the gentlemen connected with the Amalgamated Copper Mining Company and I think they feel the need of a project of this kind, though it is a matter which will have to be worked out in careful detail to make it a success.

The purposes of colonization, as I here use the term, is distinct from that of the sanitarium. The wonderful results of treatment in sanitariums, where patients are gotten early, is unequaled by any other means of handling these unfortunates, but many a man with a responsibility resting upon his shoulders—a family to care for, mouths to feed—will not go to a sanitarium early in the course of his trouble, and in fact insists upon keeping up an occupation most



often, which may have been largely instrumental in bringing about the disease. On this account many of them are sent to the sanitarium, if they go at all, when it is too late to accomplish anything worth while. It is just because of this reason for some method of making a livelihood that it occurs to me the proper colonization of these cases upon productive soil, where a modest living can be made, and where cure may be had, should be brought to your attention.

Now, by colonization I mean that those men who are able to be out and about, who have a commencing tubercle process or one not progressing rapidly, but rather very slowly, should be given some place where work might be done which will be productive of no harm to them, but rather which may bring about a gradual healing of their disease. In the treatment of tuberculosis three agents are of utmost importance—fresh air, sunlight and simple good food—and these might be had in greatest and best quantity and quality by a simple farming in a well directed and small way. A reasonably productive land, with soil and atmospheric conditions capable of caring for a certain variety of products, would with only moderate effort keep a man and his family. The cost of living, particularly in a colony where certain funds are set aside to care for general expense of the colony would be very little, and with only moderate diligence many a man could keep his family from want and in reasonable comfort while still he was himself gaining back his strength and health.

The perfecting of this arrangement would necessarily entail the careful working out of a plan of management, which, though I have given it considerable thought, the purposes of this letter would not let me go into. The basic things, however, are these: First, it will be necessary to have a certain amount of ground which can be made reasonably productive. Second, it will be necessary to have upon the territory or in its immediate neighborhood some physician interested in this sort of work, who will give much of his time in directing the affairs of the colony. Third, it will be necessary to have a certain fund or capital back of the movement, which will supply house tents or proper housing of a simple but comfortable and proper character to men and their families, and also enable them to obtain the necessary

supplies in the way of implements, seed, etc., for the farming of the land. A careful accounting should of course be had of all of these things, which must through the returns from the land be paid back into the fund. It must be incumbent upon every occupant of such land that he follow carefully the direction of his physician in regard to work, both as to its character and amount.

This plan would unquestionably bring upon such colonized land quite a number of people; neighbors would be close, social conditions most satisfactory, and the regular training in hygiene and sanitary matters would be most beneficial. From the standpoint of the philanthropic a move of this kind would certainly be good, and from the standpoint of economics it would be much in advance of anything done that I know of today by company, union, county or state anywhere. Economically, it would make these men self-supporting instead of a drain upon the community, and from the standpoint of sanitation, hygiene and health, it would fulfill all of the best and most urgent needs of these unfortunate tubercle people. Not only would the sufferer be instructed and benefitted, but those of his family who through heredity are predisposed to a like trouble, would most probably be saved such an infection. From the standpoint of a union it would certainly be a move in the proper direction for the good of its membership; from the standpoint of a company it would be an investment which should pay a handsome return; from the standpoint of county or state it would add strength and wealth to its inhabitants. It is a problem which should be given careful, thoughtful consideration and put into active working.

Very truly yours,

T. C. WITHERSPOON.

## PREVENTION.

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### Extract From Paper Read by Dr. J. G. Lamont Before the Mississippi Conference on Tuberculosis.

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**EARLY DIAGNOSIS**—This question has been much discussed, and the responsibility of the physician has been variously estimated as to percentage of failure to recognize early symptoms. It is true that a majority of patients who apply for treatment at dispensaries and sanatoria have arrived at the moderately advanced state. Incipient cases frequently fall below fifteen per cent of applicants to sanatoria. We believe, however, that the average physician who exercises ordinary care and average skill seldom fails to recognize the incipient form. The diagnostic failure is nearly always due to hurry, a hesitancy to call for re-examination, or a reluctance to attach the tuberculosis stigma to patient or family. The disease frequently is engrafted upon other illnesses so that the symptoms merge. Many patients are slow to seek or follow advice, or for monetary or other reasons cling to daily duty. From lack of proper school inspection many children have the glandular form for months and are allowed to continue school duties. To secure early diagnosis, systematic inspection of all homes, schools, public buildings and careful medical examination at regular intervals of all school children, factory workers, store clerks, etc., is necessary.

**THE ALL-TIME HEALTH OFFICER**—This official should be appointed at an adequate salary to give all of his best efforts to the public health work of each health district, whether this be city, precinct or country township. He should have had special training in public health work, and be allowed such nursing assistance as necessary. He should be invested with authority to control disease by enforcement of quarantine; should supervise meat and milk supply, should inspect schools, calling attention to diseases of eye, tonsils, pharynx, lungs, glands, etc.; should select such cases for open air treatment in schools, camps and sanatoria as suggest tubercular non-resistance.

By systematic use of Tuberculin in early diagnosis, a more accurate estimate could be made as to the exact time of the infection, and the source traced and removed.

The All-Time Health Officer, equally effective whether in city or country, should be appointed without favor. His intellectual bias should be executive as well as scientific and his moral standing in a community should be that of Priest of Cleanliness and Minister of Good Health. Not until Municipal Health Inspection is valued as the greatest public economy, shall it be reasonable to hope for a complete extinction of Tuberculosis in children or a great lessening of the death rate due to digestive diseases.

**THE ACTIVELY TUBERCULAR PATIENT**—Segregation of advanced cases should be compulsory whether at home or in an institution. The far advanced patient in the later weeks of his final illness, generally loses his sense of cleanliness as to sputum, hygiene, and his sense of duty to family and community. The average bed-fast case requires constant nursing supervision. Segregation in institutions is most economical and efficient. Moderately advanced cases, if the disease is quiescent may be allowed parole to their homes after a certain period of habit forming education at a sanatorium. Such patients, however, should be under medical supervision at all times.

It is therefore to be concluded as follows:

I. That Tuberculosis preventive effort should be concentrated upon such classes of people as are found to be of low resisting power—e. g., Infants and School Children.

II. That such work can best be performed under the careful supervision of an especially trained medical executive who will devote all of his time to this work.

III. That more rigid restriction should be placed upon the germ carrier—more especially those of the advanced type and that where possible these should be placed in suitable institutions.

IV. That Anti-Tuberculosis effort should be simplified, systematized and directed chiefly to the securing of Municipal Organizations for control of Epidemic disease in General and Tuberculosis in particular.